

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/719658 FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2				1		
3					1	
4					1	
5			1			
6				1		
7					1	
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42					1	
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45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.			1		1	
TOTAL DEP.			2d		2d	
TOTAL CLAIMS			29		29	

51	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			1		1	
TOTAL DEP.			2d		2d	
TOTAL CLAIMS			29		29	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS